



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

RECEIVED
MID RECORD CENTER
APR 28 1994

REPLY TO THE ATTENTION OF:

April 26, 1994

DOWELL SCHLUMBERGER
ATTN:LARRY GLASER
300 SCHLUMBERGER DR
SUGAR LAND TX 77478

This is in response to your letter of 02-02-94 regarding
the following installation:

U.S. EPA ID NUMBER: ILD 020 047 395 ✓
LOCATION OF INSTALLATION: E END AVE & SAUK TRAIL
CHICAGO HEIGHTS IL 60411

According to the information submitted, you have indicated that this facility is no longer in need of the U.S. EPA ID number. Your ID number has been coded as an inactive number. DO NOT USE this number without re-notifying the U.S. EPA of your activity.

If you have any questions or need further assistance, please contact me at (312) 886-6173.

Sincerely,

Sharon Kiddon

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

Enclosure

cc: State Agency
File

COPY

Dowell Schlumberger Incorporated

L. B. Glaser

Manager Health, Safety & Environment, North America

JAN 10 1994

30 December 1993

U.S. Environmental Protection Agency, Region V
Waste Management Division (5H13) - PS 19J
77 West Jackson Boulevard
Chicago, Illinois 60604

RE: Dowell Schlumberger - Chicago Heights, Illinois
EPA ID #ILD 020 047 395
Change-of-Ownership

Dear Sirs:

This letter is a follow up to our previous correspondence dated November 17, 1993 regarding the transfer of Dowell Schlumberger's Operations in Chicago Heights, Illinois to Hydrochem Industrial Services, Inc. The previous correspondence specifically requested or notified your agency of the need to transfer permits to the new entity.

Dowell Schlumberger wants to confirm that the actual date of closing on the transaction, and thus the effective date of the transfer of operations was December 14, 1993.

If you have any questions, please do not hesitate to call me at (713) 275-8495.

Sincerely,

DOWELL SCHLUMBERGER, INC.

L. B. Glaser

Larry Glaser

C-NN7
moucl

HydroChem Industrial Services, Inc.

P.O. Box 308

Missouri City, Texas 77459-0308

Telephone No.: 713/499-8611

Facsimile No.: 713/499-0293

December 15, 1993

0312940003

COOK-60

Allen Carr

Mr. Jim Pierce
Illinois Environmental Protection Agency
Bureau of Land BOL 24
P. O. Box 19276 Boulevard
Springfield, Illinois 62794-9276

CERTIFIED MAIL

RETURN RECEIPT NO. P 322 447 91

RECEIPT REQUESTED

FEB 2 1994

RE: **Notification of Operation Transfer to HydroChem Industrial Services, Inc. from**
Dowell Schlumberger - Chicago Heights, Illinois
EPA ID #ILD 020 247 395
IEPA ID # 031 294 0003

Dear Mr. Pierce,

At 11:59 pm, December 14, 1993, the operation of the Dowell Schlumberger, Inc. facility located on East End Avenue in Chicago Heights, Illinois was transferred to HydroChem Industrial Services, Inc.(HydroChem). Effective December 15, 1993, HydroChem will have future the responsibility for hazardous waste generation from this site. Our hazardous waste activity status will remain the same.

We appreciate your cooperation and assistance. Should you have any questions, please do not hesitate to contact me at (713) 499-8611.

Sincerely,

HYDROCHEM INDUSTRIAL SERVICES, INC.

John F. Hinrichs

John F. Hinrichs
Vice President

cc: USEPA
Waste Management Division (5H13) - PS 19J
77 West Jackson Boulevard
Chicago, Illinois 60604

RECEIVED

JAN 24 1994

IEPA/DLPC

HydroChem Industrial Services, Inc.

P.O. Box 308

Missouri City, Texas 77459-0308

Telephone No.: 713/499-8611

Facsimile No.: 713/499-0293

December 15, 1993

JAN 25 1994

Mr. Jim Pierce
Illinois Environmental Protection Agency
Bureau of Land BOL 24
P. O. Box 19276 Boulevard
Springfield, Illinois 62794-9276

CERTIFIED MAIL
RETURN RECEIPT NO. P 322 447 918
RECEIPT REQUESTED

RE: **Notification of Operation Transfer to HydroChem Industrial Services, Inc. from**
Dowell Schlumberger - Chicago Heights, Illinois
EPA ID #ILD 020 047 395
IEPA ID # 031 294 0003

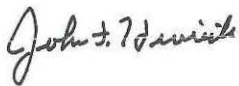
Dear Mr. Pierce,

At 11:59 pm, December 14, 1993, the operation of the Dowell Schlumberger, Inc. facility located on East End Avenue in Chicago Heights, Illinois was transferred to HydroChem Industrial Services, Inc.(HydroChem). Effective December 15, 1993, HydroChem will have future the responsibility for hazardous waste generation from this site. Our hazardous waste activity status will remain the same.

We appreciate your cooperation and assistance. Should you have any questions, please do not hesitate to contact me at (713) 499-8611.

Sincerely,

HYDROCHEM INDUSTRIAL SERVICES, INC.



John F. Hinrichs
Vice President

cc: USEPA
Waste Management Division (5H13) - PS 19J
77 West Jackson Boulevard
Chicago, Illinois 60604

Dowell Schlumberger Incorporated

L. B. Glaser
Manager Health, Safety & Environment, North America

FEB 14 1994

30 December 1993

Illinois Environmental Protection Agency
Division of Land Pollution Control
2200 Churchill Road
Springfield, Illinois 62706

RE: Dowell Schlumberger - Chicago Heights, Illinois
EPA ID #IL 031 294 0003
Change-of-Ownership

COOK-6
RCRA PERMITS

Dear Sirs:

ILDO20047395

This letter is a follow up to our previous correspondence dated November 17, 1993 regarding the transfer of Dowell Schlumberger's Operations in Chicago Heights, Illinois to Hydrochem Industrial Services, Inc. The previous correspondence specifically requested or notified your agency of the need to transfer permits to the new entity.

Dowell Schlumberger wants to confirm that the actual date of closing on the transaction, and thus the effective date of the transfer of operations was December 14, 1993.

If you have any questions, please do not hesitate to call me at (713) 275-8495.

Sincerely,

DOWELL SCHLUMBERGER, INC.

L. B. Glaser

Larry Glaser

CHANGE OF OWNER/OPERATORForm Approved OMB No. 1050-1024 Expires 1-30-95
EPA No. 1045-014-101

Please refer to the instructions for Filing Notifications before completing this form. The information requested here is required by law (Section 1010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED
Data Received
(For Official Use Only)

6/20/94
11:20 1994

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒
B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

1LD020047395

II. Name of Installation (Include company and specific site name)

HYDROCHEM INDUSTRIAL SERVICES

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3140 EAST END AVENUE

Street (continued)

RECEIVED
WMD RECORD CENTER

JUL 07 1994

City or Town

CHICAGO HEIGHTS

State

ZIP Code

IL 60411

County Code

County Name

COOK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

MILLER

DAVE

Job Title

Phone Number (area code and number)

MANAGER

708-765-0400

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

HYDROCHEM INDUSTRIAL SERVICES

Street, P.O. Box, or Route Number

PO BOX 308

City or Town

State

ZIP Code

MISSOURI CITY

TX

77469-0308

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

71131-1499-8611

P

P

Yes

No

12 1 59 3

JUN 22 1994

CHANGE OF OWNERSHIP/OPERATOR

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0078, Expires 10-31-01
GSA No. 0246-FPA-OT

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

1. Generator (See Instructions)

3. Transfer, Storage, Disposal (at installation)

1. Off-Specification Used Oil Fuel

a. Greater than 1000kg/mo (2,200 lbs.)

Note: A permit is required for this activity; see Instructions.

a. Generator Marking to Burner

b. 100 to 1000 kg/mo (220 - 2,200 lbs.)

4. Hazardous Waste Fuel

b. Other Markers

c. Less than 100 kg/mo (220 lbs.)

a. Generator Marking to Burner

c. Burner - Indicate device(s) -
Type of Combustion Device

2. Transporter (Indicate Mode in boxes 1-5 below)

b. Other Markers

a. For own waste only

c. Burner - Indicate device(s) -
Type of Combustion Device

b. For commercial purposes

Mode of Transportation

1. Utility Boiler

1. Utility Boiler

1. Air

2. Industrial Boiler

2. Industrial Boiler

2. Rail

3. Industrial Furnace

3. Industrial Furnace

3. Highway

b. Underground Injection Control

4. Water

5. Other Specify

2. Specification Used Oil Fuel Marketer
(or On-site Burner) Who First Claims
the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity

(D001) (D002) (D003) Characteristic

(D004) (D005) (D006) (D007) (D008) (D009) (D010) (D011) (D012) (D013) (D014) (D015) (D016) (D017) (D018) (D019) (D020) (D021) (D022) (D023) (D024) (D025) (D026) (D027) (D028) (D029) (D030) (D031) (D032) (D033) (D034) (D035) (D036) (D037) (D038) (D039) (D040) (D041) (D042) (D043) (D044) (D045) (D046) (D047) (D048) (D049) (D050) (D051) (D052) (D053) (D054) (D055) (D056) (D057) (D058) (D059) (D060) (D061) (D062) (D063) (D064) (D065) (D066) (D067) (D068) (D069) (D070) (D071) (D072) (D073) (D074) (D075) (D076) (D077) (D078) (D079) (D080) (D081) (D082) (D083) (D084) (D085) (D086) (D087) (D088) (D089) (D090) (D091) (D092) (D093) (D094) (D095) (D096) (D097) (D098) (D099) (D100)

List specific EPA hazardous waste number(s) for the toxicity

Characteristic Contaminant(s)

B. Listed Hazardous Wastes. (See 40 CFR 261.81 - 261.83 - See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an ID number. See Instructions.)

13	14	15	16	17	18

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature
John F. HinrichsName and Official Title (type or print)
John F. HinrichsDate Signed
12-16-93

XI. Comments

Operation Transfer

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Schlumberger

Dowell

Dowell Schlumberger Incorporated

L. B. Glaser

Manager Health, Safety & Environment, North America

DEC 07 1993

November 17, 1993

U.S. Environmental Protection Agency, Region V
Waste Management Division (5H13) - PS 19J
77 West Jackson Boulevard
Chicago, Illinois 60604

RE: Dowell Schlumberger - Chicago Heights, Illinois
EPA ID #ILD 020 047 395
Change-of-Ownership

Dear Sirs:

Please consider this notification that as of November 30, 1993, the ownership of the Dowell Schlumberger, Inc. facility located on East End Avenue in Chicago Heights, Illinois will be transferred to Hydroservices, Inc. As such, the new owner of the facility will assume the responsibility for any hazardous waste generation from this site, including the filing of any formal notifications (i.e., "Notification of Hazardous Waste Activity" form) to the appropriate agencies regarding the ownership change.

We appreciate your cooperation and assistance. Should you have any questions, please do not hesitate to contact me at (713) 275-8495.

Sincerely,

DOWELL SCHLUMBERGER, INC.

L. B. Glaser

Larry Glaser

12/3/93 Notification request

ds9913\chicago.epa

RECEIVED

DEC 01 1993

U. S. EPA REGION V
SWEDEN

RECEIVED

NOV 29 1993

OFFICE OF RCRA
WASTE MANAGEMENT DIVISION
EPA, REGION V

CERTIFIED MAIL

RECEIVED JAN 04 1994
WMD RCRA
RECORD CENTER

C-NN7

East End Ave
Chicago Hts. Ill



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

December 20, 1993
REPLY TO THE ATTENTION OF:

SCHLUMBERGER DOWELL
ATTN LARRY GLASER
300 SCHLUMBERGER DRIVE
SUGAR LAND TX 77478

This is in response to your letter of NOV 17 1993 regarding
the following installation:

U.S. EPA ID NUMBER: ILD 020 047 395

LOCATION OF INSTALLATION: EAST END AVE
 CHICAGO HGTS IL

According to the information submitted, you have indicated that this facility
is no longer in need of the U.S. EPA ID number. Your ID number has been
coded as an inactive number. DO NOT USE this number without re-notifying the
U.S. EPA of your activity.

If you have any questions or need further assistance, please contact me at
(312) 886-6173.

Sincerely,

A handwritten signature in cursive script, reading "Sharon Kiddon", is written above the typed name.

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

Enclosure

cc: State Agency
File



Printed on Recycled Paper



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• ILD020047395 REACKNOWLEDGEMENT

DOWELL SCHLUMBERGER INC
PO BOX 160
CHICAGO HEIGHTS IL 60411

INSTALLATION ADDRESS

EAST END AVE & SAUK TRAIL
CHICAGO HEIGHTS IL 60411

m 5/3/84

Sharon



DOWELL DIVISION OF DOW CHEMICAL U.S.A.

P.O. Box 2710 • Tulsa, Oklahoma 74102 • (918) 250-4200

April 16, 1984

EPA Region V
230 South Dearborn Street
Chicago, IL 60604

*Name changed
ack. sent 5/3/84*

Dear Sir:

This is to inform you that as of April 13, 1984, the name that appears on the attached EPA I.D. Number, Dowell Division of Dow Chemical U.S.A., an operating unit of The Dow Chemical Company, will become Dowell Schlumberger Incorporated. It is requested you change the name on the attached I.D. list to reflect the new company name.

Please contact the undersigned at (918) 250-4498 if you have any questions about this change.

Sincerely,

Gary F. Sievert

Gary F. Sievert
Manager of Environmental Quality
P.O. Box 2710
Tulsa, Oklahoma 74101

GS/pw

attachment

RECEIVED

U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
OFFICE OF THE DIRECTOR

RECEIVED
APR 30 1984
WASTE MANAGEMENT
BRANCH



EPA REGION V

- ✓ 1. EPA I.D. #ILD020047395 *G, TRS*
Chicago Heights, IL
2. EPA I.D. #ILD096723960 *non-handler - /*
Flora, IL
3. EPA I.D. #ILD066911066 *G, TRS, PA, C*
Highland, IL
4. EPA I.D. #ILD000672063 *G, TRS, PA, C*
Mt. Carmel, IL
5. EPA I.D. #ILD^T180013690 *G, TRS*
Mt. Carmel, IL
6. EPA I.D. #MID080342322 *G*
Kalkaska, MI
7. EPA I.D. #MID000809624 *G*
Midland, MI
8. EPA I.D. #MID092951763 *G, PA, C*
Mt. Pleasant, MI
9. EPA I.D. #MID072787153 *G, TRS*
Wayne, MI
10. EPA I.D. #OHD000721373 *closed non-TSD - 9*
Cambridge, OH
11. EPA I.D. #OHD000817551 *G*
Hebron, OH
12. EPA I.D. #OHT400010161 *OHD 980568729 non-handler - /*
Heath, OH
13. EPA I.D. #OHD046630737 *G*
Wooster, OH
14. EPA I.D. #OHD055821011 *PA-M, SQG-2*
Youngstown, OH
15. EPA I.D. #OHT400010104 *SQG-2*
Granville, OH
16. EPA I.D. #MND071512149 *closed non-TSD - 9*
Rosemont, MN



DOWELL DIVISION OF DOW CHEMICAL U.S.A.
6500 Busch Blvd., Suite 100 Columbus, Ohio 43229

October 26, 1982

*Take out
TSD*

Karl J. Klepitsch, Jr.
Environmental Protection Agency - Region V
Waste Management Branch
230 South Dearborn Street
Chicago Heights, Illinois 60604

RECEIVED

OCT 29 1982

RE: EPA ID No. ILDO20047395
Withdrawal of T/S/D Notification *G, T, TSD* WASTE MANAGEMENT BRANCH
EPA, REGION V

Dear Mr. Klepitsch,

This letter is in reply to your letter of September 28, 1982 titled "TSD Notification Without Part A Application".

On January 22, 1981, a letter was sent to the Administrator, Region V EPA by Richard E. Onan, Environmental Manager of the Northeast Region of Dowell, requesting withdrawal of notification as a T/S/D facility for Dowell's Chicago Heights, Illinois facility. A copy of the letter is attached.

The T/S/D box was checked on our original notification (form EPA 8700-12) to cover a hazardous waste transfer station function; small quantities of spent industrial cleaning solvent (HW) were returned to our Chicago Heights facility where they were accumulated in a transport tank (truck) for later (full load) off site disposal at a permitted T/S/D facility. Since we have no plans to continue this practice, I hereby request withdrawal of notification as a T/S/D facility. I have enclosed an updated notification form which reflects this change.

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment".

Sincerely,

Jim Price
District Manager



attachments

JP/gf





Chicago Heights
DOWELL DIVISION OF DOW CHEMICAL U.S.A.

January 22, 1981

Re. EPA ID #

ILD020047395

To: Administrator, Region IV EPA

The attached information is being submitted to change our "Notification" status.

To assure that we had all bases covered, we originally notified for three types of hazardous waste activity; Generation, Transportation and Treat/Store/Dispose. Since that time we have become more familiar with the RCRA and have had time to more deeply analyze and, in some cases, modify our operations. Based on our present interpretation of the law, we wish to withdraw notification for the following:

Generation _____

Transportation _____

Treat/Store/Dispose ✓

Please alter your records to reflect this change.

Sincerely,

Richard E. Onan
N.E. Region Environmental Manager
N.E. Regional Lab.
P.O. Box 511
Granville, Ohio 43023

RO/10

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER										APPROVED										DATE RECEIVED (yr., mo., & day)									
1 2 3 4 5 6 7 8 9 10										11 12 13 14 15 16 17 18 19 20										21 22 23 24 25 26 27 28 29 30									

I. NAME OF INSTALLATION

D o w e l l D i v C h e m i c a l C o U S A

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O B o x 1 6 0

CITY OR TOWN

4 C h i c a g o H t s

ST.

ZIP CODE

I 1

6 0

4 1

1 1

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 E a s t E n d A v e & S a u k T r a i l

CITY OR TOWN

6 C h i c a g o H t s

ST.

ZIP CODE

I 1

6 0

4 1

1 1

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 P r i c e J M D i s t r i c t M a n a g e r

PHONE NO. (area code & no.)

3 1 2 - 7 5 5 - 0 4 0 0

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 T h e D o w C h e m i c a l C o

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

I L D 0 2 0 0 4 7 3 9 5

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY													
3													T/A/C
W													1
1	2											13	14

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 00 1	2 F 0 02	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 12 2	32 U 1 23	33 U 1 3 3	34 U 2 1 9	35 U 2 2 6	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

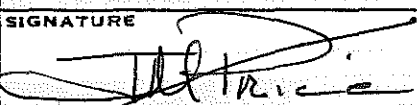
☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) J. M. Price, District Manager	DATE SIGNED 10/27/82
--	--	-------------------------



SEP 28 1982

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

FILE COPY

REPLY TO ATTENTION OF:

KINCAID P R DISTRICT MGR

DOWELL INC

PO BOX 160

CHICAGO HTS

IL 60411

FACILITY: EAST END AVE & SAUK TR*

LOCATION: CHICAGO HEIG* IL 60411

ID NO.: ILD020047395

RCRA ACTIVITIES

RE: TSD Notification without
Part A Application

Dear Notifier:

The United States Environmental Protection Agency (U.S. EPA) has received your notification of hazardous waste activity. On that form, by checking the "treat/store/dispose" (TSD) box, you indicated that you are a hazardous waste management facility (HWMF). To date, however, we have no record of having received Part A application for a hazardous waste permit which is required for all HWMFs.

Federal regulations require owners and operators of existing HWMFs (installations which treat, store, or dispose of hazardous waste) to have submitted a Part A permit application to the Regional Administrator by November 19, 1980, in accordance with 40 CFR 122.22. This requirement applied to HWMFs which were in existence on or before November 19, 1980. New facilities (those established after November 19, 1980) are required to submit Part A and Part B of their permit application, and receive a Resource Conservation and Recovery Act (RCRA) permit before beginning physical construction.

If your facility treats, stores, or disposes of hazardous waste, then your facility is operating without a hazardous waste permit, in violation of Section 3005 of RCRA, as amended. This violation is considered serious by the U.S. EPA, and may subject you to Federal enforcement under Section 3008 of RCRA for past and continued non-compliance.

Please submit your completed Part A application to the address below within fifteen days of receipt of this letter:

RCRA ACTIVITIES
P. O. Box A3587
Chicago, Illinois 60690-3587

We are aware that some hazardous waste handlers may have marked the TSD box on the notification form as a precaution or as a result of misunderstanding the May 19, 1980, hazardous waste regulations. If you notified us as a TSD in error, or if your status as a treatment, storage, or disposal facility has changed, please advise us in writing immediately.

Please contact Arthur Kawatachi of my staff at (312) 353-2197, if you have any questions regarding this letter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

120020047395



DOWELL DIVISION OF DOW CHEMICAL U.S.A.

June 2, 1982

P. O. BOX 21
TULSA, OKLAHOMA 74102
AREA CODE 918-560-2600

Names Changed to Dowell Inc

9-9-82
MGP

REGION V EPA
230 South Dearborn Street
Chicago, Illinois 60604

RE:EPA ID Numbers	Youngstown, OH	OHD055821011	g TSD PA
	Heath, OH	OHT400010161	g TSD PA
	Newark, OH	OHD040821365	g TSD
	Wooster, OH	OHD046630737	g
	Cambridge, OH	OHD000721373	g
	Granville, OH	OHT400010104	g TSD
	Hebron, OH	OHD000817551	g
	Flora, IL	ILD096723960	g TSD
	Mt. Carmel, IL	ILD000672063	g TPA
	Chicago Heights	ILD020047395	g TSD
	Highland, IL	ILD066911066	g TPA
	Mt. Carmel, IL	ILT180013690	g T
	Rosemont, MN	MND071512149	g T
	Wayne, MI	MID072787153	g T
	Midland, MI	MID000809624	g
	Kalkaska, MI	MID080342322	g
	Mt. Pleasant, MI	MID092951763	g TSD PA

Gentlemen:

This is to inform you that as of July 1, 1982 the name that appears on the above referenced items, Dowell Division of Dow Chemical USA, an operating unit of The Dow Chemical Company will become Dowell Inc. It is requested you change the name on your records to reflect this change.

Please contact the undersigned at (918) 622-5853 if you have any questions about this change.

Sincerely,

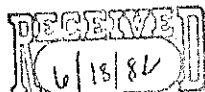
Gary F. Sievert

Gary F. Sievert
Division Manager
Environmental Quality

RECEIVED

JUN 17 1982

WASTE MANAGEMENT BRANCH
EPA, REGION V



AN OPERATING UNIT OF THE DOW CHEMICAL COMPANY



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION V

DATE: 6/22/82

RE: Installation Name Dow Chemical Co.

Installation Address See attached

EPA ID# And Status See attached

FROM: Regulatory Analysis and Information Section

TO: Regional Counsel

Please review attached letter and determine if change of ownership is indicated.

Regional Counsel's Summary None change only

8/19/82

PLEASE RETURN THIS FORM ALONG WITH ALL RELATED MATERIAL TO JANET BLOOM/MARTHA PICKETT



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• ILD020047395 REACKNOWLEDGEMENT

DOW CHEMICAL CO USA DOWELL DIV
PO BOX 160
CHICAGO HTS IL 60411

INSTALLATION ADDRESS

EAST END AVE & SAUK TRAIL
CHICAGO HTS IL 60411

SEWHME

10 JUN 1981

Cecil Brain, Service Manager
Dowell Division of Dow Chemical Co.
P.O. Box 160
Chicago Heights, Illinois 60411

Re: Dowell Div. of Dow Chemical Company
Chicago Heights, Illinois
ILD020047395

Dear Mr. Brain:

Enclosed please find a copy of the report of the inspection dated February 27, 1981, conducted at the above facility by a representative of the Illinois Environmental Protection Agency (IEPA). The purpose of the inspection was to determine your facility's compliance status with the Resource Conservation and Recovery Act (RCRA) as amended by the Quiet Communities Act of 1978. We are pleased to report that your facility was found to be in compliance.

Your cooperation and efforts in this matter are appreciated. Should you have any questions about the report, please contact John Moran at (312) 353-2114.

Very truly yours,

Arnold E. Leder, Chief
Compliance Section
Water & Hazardous Materials
Enforcement Branch

Enclosure

cc: John S. Moore, Manager
Land/Noise Pollution Control Division
Illinois Environmental Protection Agency

bcc: Constantelos/Klepitsch
Stone
Baumgartner/Lewis
Charles Gebien, IEPA-Maywood
Moran

JMoran/ng 6-8-81 6-6715

Gingher 71.8. 6-8-81
Moran Jan 6-8-81
Baumgartner MS 6-9-81
Donaldson td
Leder _____

AL 6-9



DOWELL DIVISION OF DOW CHEMICAL U.S.A.

Delete TSD 8-1-81 86

Deleted TSD on 11-15-82 MB

January 22, 1981

Re. EPA ID # ILDO20047395

To: Administrator, Region IV EPA

The attached information is being submitted to change our "Notification" status.

To assure that we had all bases covered, we originally notified for three types of hazardous waste activity; Generation, Transportation and Treat/Store/Dispose. Since that time we have become more familiar with the RCRA and have had time to more deeply analyze and, in some cases, modify our operations. Based on our present interpretation of the law, we wish to withdraw notification for the following:

Generation _____

Transportation _____

Treat/Store/Dispose ✓

Please alter your records to reflect this change.

Sincerely,

Richard E. Onan

Richard E. Onan
N.E. Region Environmental Manager
N.E. Regional Lab.
P.O. Box 511
Granville, Ohio 43023

RO/io

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER															APPROVED					DATE RECEIVED (yr., mo., & day)				
F															T/A/C					I				
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15															16 17 18 19 20 21 22									

I. NAME OF INSTALLATION

DOWELL DIV DOW CHEMICAL CO USA

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 160

CITY OR TOWN

CHICAGO HEIGHTS

ST.

ZIP CODE

IL 60411

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 EAST END AVE & SAUK TRAIL

CITY OR TOWN

CHICAGO HEIGHTS

ST.

ZIP CODE

IL 60411

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 KINCAID D R DISTRICT MANAGER 312-755-0400

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 THE DOW CHEMICAL CO

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL☐ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

I LD020047395

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY												
W												
1	2	3	4	5	6	7	8	9	10	11	12	13

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 0001	2 0002	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES: Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U122	32 U123	33 U133	34 U219	35 U226	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)


☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) D. R. Kincaid District Manager	DATE SIGNED 1-15-81
--	---	------------------------

PROG: LPSWM020
LIST: LPSWP020

DIVISION OF LAND/NOISE POLLUTION CONTROL
APPLICATION FILE - GENERATOR ORDER .

TIME: 03:54:02
DATE: 12/23/80

GENERATOR #	GENERATOR NAME	AUTH #	CLASS	SITE #	STATUS	GENERIC WASTE NAME	START	STOP
0310450012G	THRALL CAR MFG CO	800386	21 FEE	19704502	APPROVED	PAINT WASTE & SOLVENTS	04/04/80	04/04/81
		800797	14 FEE	01109503	APPROVED	WASTE PAINT-SOLVENT MIXTURE	04/17/80	04/17/81
		802456	09 FEE	19704502	APPROVED	PAINT SLUDGE	11/24/80	11/24/81
0310450013G	NATURAL GAS PIPELINE	998273	44	03117402	APPROVED	USED OIL	07/10/80	07/10/81
0310450014G	CENTURY STEEL	998245	44	03117402	APPROVED	USED OIL	07/10/80	07/10/81
0310450015G	ILLINOIS BELL TELEPH	998246	44	03117402	APPROVED	USED OIL	07/10/80	07/10/81
0310450017G	ABEX CORP,AMSCO DIV	801634	67	03160030	APPROVED	EAST FOUNDRY DUST COLLECTOR WA	08/11/80	08/11/81
		801635	72	03160030	APPROVED	SAND MILL WASTE	08/11/80	08/11/81
0310450018G	BENJAMIN HARRIS	801501	67	19780101	APPROVED	SLAG	08/08/80	08/08/81
0310450019G	CALUMET STEEL CO	802564	48 FEE	09780201	APPROVED	BAGHOUSE DUST	11/07/80	11/07/81
0310450020G	DOWELL	780605	59	03103901	APPROVED	BOILER CLEANING COMPOUND & WAS	06/21/79	06/21/80*
		781060	82	03103901	APPROVED	CAUSTIC ORGANIC WASH	07/13/78	07/13/80*
				03160033	APPROVED	CAUSTIC ORGANIC WASH	11/22/80	11/22/81
		790877	82	03103901	APPROVED	SEWER WASH	06/28/79	06/28/80*
		802341	82	03160030	APPROVED	AMMONIATED E D T A/CHEMICAL CL	10/28/80	10/28/81
		802342	59	03160030	APPROVED	HYDROCHLORIC ACID	11/01/80	11/01/81
		802441	82	03160030	APPROVED	ALKALINE ORGANIC DEGREASER SOL	11/07/80	11/07/81

11/20/80

Hazardous Waste Transporter Inspection Report

1. Transporter Name: Dowell Inc
 2. Address: Chicago Hts - PO Box 160, 60411
 3. Vehicle Operator: Clifford Taps
 - *4. EPA Identification Number: Applied for - not received
 5. ICC Number: _____
 6. State Transporter Permit Number: 463
 7. License Plate Number & Date: _____
- | | | |
|---|-----------------------|-------------|
| | <u>(YES)</u> | <u>(NO)</u> |
| *8. Manifest accompanying waste. <u>Hauling solvent for cleaning coke lines at Inland steel</u> | () | () |
| | <u>not applicable</u> | |
| 9. Generator provided transporter with at least three copies of manifest, (plus one for each additional transporter). | () | () |
| 10. Manifest contains: | | |
| a. Manifest document number: _____ | () | () |
| b. Generator name, address, telephone number, and EPA ID number. | () | () |
| _____ | | |
| _____ | | |
| _____ | | |
| c. Name and EPA ID number of each transporter | () | () |

(YES) (NO)

d. Name, address, and EPA ID number of designated facility.

() ()

e. Name, address, and EPA ID number of alternate facility (optional).

() ()

f. Description of hazardous wastes using DOT regulations:

- (1) DOT proper shipping name
- (2) DOT hazardous class
- (3) Identification number of hazardous waste
- (4) Weight or volume
- (5) Container type
- (6) Number of containers

() ()
() ()
() ()
() ()
() ()
() ()

*g. Signature by hand of generator of the following certification:

() ()

"This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA".

*h. Signature of each transporter and date of acceptance.

() ()

*11. Hazardous waste properly packaged (DOT Regs.).
(if no, explain)

() ()

*12. Each container properly labeled (DOT Regs.).
(if no, explain)

() ()

- *13. Each container properly marked (DOT Regs.). (if no, explain) (YES) (NO)
() ()

NOTE: Each container of 110 gallons or less must be marked with the following words:

HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.

Generator's Name and Address: _____

Manifest Document Number: _____

- *14. Vehicle properly placarded (DOT Regs.). () ()
NOTE: Placards must appear on both sides, front, and back of vehicle. (if no, explain)

*Requirements of RCRA applicable to transporters.

Inspector A. Leder
Agency USEPA
Date 11-20-80
Time 8:10
Location Chicago Hts Scales



POTENTIAL HAZARDOUS WASTE SITE
FINAL STRATEGY DETERMINATION

REGION	SITE NUMBER
V	IL000010164

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Dow Industrial Services Division	B. STREET South Trail and East End Rd.	
C. CITY Chicago Heights	D. STATE IL	E. ZIP CODE

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X				
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)					
C. REMEDIAL ACTION (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

State licensed waste hauler. No wastes stored or disposed of at site. No sign of spillage.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.).

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.).

H. PREPARER INFORMATION

1. NAME Philip Kaplan	2. TELEPHONE NUMBER 886-6711	3. DATE (mo., day, & yr.) 7/22/80
--------------------------	---------------------------------	--------------------------------------

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		\$
d. OTHER (specify):		\$



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

V

SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME

Dow Industrial Service Division

B. STREET (or other identifier)

Sank Trail & East End Ave.

C. CITY

Chicago Hts.

D. STATE

IL

E. ZIP CODE

F. COUNTY NAME

Cook

G. OWNER/OPERATOR (if known)

1. NAME

2. TELEPHONE NUMBER

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION

Fenced in parking yard.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

Citizen's Complaint

K. DATE IDENTIFIED (mo., day, & yr.)

6/24/80

L. PRINCIPAL STATE CONTACT

1. NAME

Charles Gabien

2. TELEPHONE NUMBER

(312) 897-1132

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☒ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION

☒ 1. NO ACTION NEEDED (no hazard)☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:☐ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☐ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME

Phil Kaplan

2. TELEPHONE NUMBER

886-6711

3. DATE (mo., day, & yr.)

7/22/80

III. SITE INFORMATION

A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intermittently.)☐ 2. INACTIVE (Those sites which no longer receive wastes.)☒ 3. OTHER (specify): Waste hauler
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO☐ 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO☐ 2. YES (specify):

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input type="checkbox"/> B. STORER	<input type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

State licensed hauler, mostly of acid wastes. No wastes stored or disposed at site. Parking yard where saw stores its empty tanker trucks

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☒ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☒ 3. STATE PERMIT (specify): waste hauler
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Inspection	7-10-80	State	

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

RCRA PROCESSING SHEET

Rowell Division of Dow
Name

Chicago Heights, Illinois
Location

16020047395
ID Number

Date Received in Compliance Section: 5-28-81

6-4-81 *Jim*

Name	Duty	Date	Initial
1. Clinkscales	Make File	6/3/81	B
2. Leder	Assignments		
3. Brunet	Log	6/4/81	AL
4. Lewis	Log		
5. Rogers	STS Forms		
6. Messenger	Assign for Review		
7. Baumgartner	Assign for Review	6/4/81	MB
8. EPS <i>Moran</i>			
9.	Review Completed		
10. <input type="checkbox"/> No Action	<input type="checkbox"/> NOV		
<i>In compliance flr,</i>	<input type="checkbox"/> Referred to ES		

RCRA PROCESSING SHEET

Rowell Division of Dow
Name

Chicago Heights, Illinois
Location

160020047395
ID Number

Date Received in Compliance Section: 5-28-81

6-4-81 *Jun*

Name	Duty	Date	Initial
1. Clinkscales	Make File	6/3/81	B
2. Leder	Assignments		
3. Brunet	Log	6/4/81	PL
4. Lewis	Log		
5. Rogers	STS Forms		
6. Messenger	Assign for Review		
7. Baumgartner	Assign for Review	6/4/81	MB
8. EPS <i>Moran</i>			
9.			
10. <input type="checkbox"/> No Action	Review Completed		
<i>In compliance flr,</i>	<input type="checkbox"/> NOV		
	<input type="checkbox"/> Referred to ES		

RECEIVED

APR 21 1981

ILD02004739.5
EPA IDENTIFICATION NUMBER

E.P.A. — D.L.P.C.
STATE OF ILLINOIS

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form 3 - Transporter Inspection

§263

I. General Information:

- (A) Transporter Name: DOWELL DIVISION OF DOW
- (B) Street: P. O. BOX 160
- (C) City: CHICAGO HEIGHTS (D) State: ILLINOIS (E) Zip Code: 60411
- (F) Phone: (312) 755-0400 (G) County: COOK
- (H) Operator: CECIL BRAIN
- (I) Street: P.O. BOX 160
- (J) City: CHICAGO HEIGHTS (K) State: ILLINOIS (L) Zip Code: 60411
- (M) Phone: (312) 755-0400 (N) County: COOK
- (O) Owner: DOWELL DIVISION OF DOW CHEMICAL
- (P) Street: PO BOX 4378
- (Q) City: HOUSTON (R) State: TEXAS (S) Zip Code: 77210
- (T) Phone: _____ (U) County: HARRIS
- _____ Federal _____ Municipal ☒ Private
- (V) Type of Ownership: _____ State _____ County
- (W) Date of Inspection: 2/27/81 Time of Inspection (From) 1:30p (To) 2:10p
- (X) Weather Conditions: SUNNY 235°F

(Y) Person(s) Interviewed

Title

Telephone

CECIL BRAIN

SERVICE MANAGER

(312) 755-0400

(Z) Inspection Participants

Title

Telephone

CHARLES GEBIEN

IEPA - EPS

(312) 345-9780

- ABOVE -

II. OTHER TYPE OF HAZARDOUS WASTE ACTIVITY

(A) Generator (Form 2)

(B) Chemical, Physical and
Biological Treatment (Form 4)

(C) Storage (Form 5)

NONE

(D) Landfill (Form 6)

(E) Incineration (Form 7)

(F) Thermal Treatment (Form 7)

(G) Comments: SEE REMARKS

NOTE: THE FACILITY IS LOCATED ON THE NORTHWEST
CORNER OF EAST END AND SAUK TRAIL ROAD.

Supplemental forms (Listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.

III. RECORDKEEPING

Yes

No

Not
Inspected

See Remark
Number

(A) Are Copies of the Completed
Manifest(s) or Shipping Paper(s)
Available for Review and
Retained for Three Years?

X

IV. INTERNATIONAL SHIPMENTS

	Yes	No	Not Inspected	See Remark Number
A. Does the Transporter Record on the Manifest the Date the Waste left U.S.?			X	NO SHIPMENTS
B. Are Completed Manifest(s) on File?	X			2 SINCE NOV 19

V. MISCELLANEOUS

A. Does Transporter Transport Hazardous Waste Into the U.S. from Abroad?		X		
B. Does the Transporter Mix Hazardous Waste of Different DOT Shipping Descriptions by Placing them into a Single Container?			X	NO, ACCORDING TO MR. BRAIN.

MR. BRAIN CLAIMS THAT SOMETIMES TANKERS WILL ACCEPT WASTES FROM MORE THAN ONE GENERATOR TO FILL A TANKER TRUCK, BUT THIS IS DONE AT THE NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and Must comply with the Generator Regulations.

SITES OF THE GENERATORS. MR. BRAIN ALSO CLAIMED THAT ONLY HAZARDOUS WASTES WITH SIMILAR DOT SHIPPING DESCRIPTIONS ARE MIXED. ALSO, AT TIMES HAZAROUS AND NON-HAZARDOUS WASTES ARE MIXED IN ONE TANKER.

VI. PREPARER INFORMATION

A. Name: ALCO WASTES ARE SOMETIMES NEUTRALIZED
 Title: WITH LIME PRIOR TO DISPOSAL.
 Phone No.: _____



Environmental Protection Agency

PREPARER INFO.

CHARLES GEBB
 Environmental Protection Specialist
 Land Field Operations Section
 Division of Land/Noise Pollution Control

TELEPHONE: 312/345-9731
 1701 First Avenue, Maywood, Illinois 60151

Remarks: _____

THIS FACILITY OPERATES AS A TANKER TRAILER STORAGE YARD. I OBSERVE 2 EMPTY TANKER TRAILERS ON THE SITE DURING THE INSPECTION. TWO MANIFESTS WERE ON FILE FOR SHIPMENTS OF HAZARDOUS WASTES SINCE NOV. 19. AS MENTIONED ABOVE, MR. BRAIN CLAIMS THAT SOMETIMES WASTES FROM DIFFERENT GENERATORS ARE ADDED TOGETHER IN ONE TANKER. MR. BRAIN CLAIMS THAT BECAUSE HAZARDOUS WASTES OF DIFFERENT DOT DESCRIPTIONS ARE NEVER MIXED, THE FACILITY IS NOT A §263.10 DEFINED GENERATOR OF A HAZARDOUS WASTE. THE FACILITY, HOWEVER, IS DEFINED AND REGISTERED IN THE STATE OF ILLINOIS AS A GENERATOR OF 7 NON-HAZARDOUS (ILLINOIS DEFINED) WASTES. SEE ATTACHMENT

L P C F C O 5 5 C
(1) (8) (9)

OBSERVATION REPORT - SITE INVENTORY NO.

CO. - L.P.C.

Region #

Date

(20) (25)

Letter Sent (Yes or No)

(26)

(Location)

(Responsible Party)

Samples Taken: Yes () No ()

Time: From : m

Ground Water() Surface() Other()

To : m

Photos Taken: Yes () No ()

Interviewed

Weather

Inspector

(27) (29)

Previous Inspection

Previous Correspondence

Site Open: Yes() No()

OPERATIONAL STATUS:

TYPE OF OPERATION:

AUTHORIZATION:

Operating ()

Landfill ()

Storage ()

E.P.A. Permit ()

Temporarily Closed ()

Random Dump ()

Salvage ()

Variance ()

Closed Not Covered ()

Other ()

A.C.D. ()

21(e) ()

Closed and Covered ()

Quantity Received Daily(1-6)

Board Order ()

Illegal (5) ()

(31)

IMPROVED

RECEIVED

LPC 4 1/79 5,000

SAME

APR 21 1981

DETERIORATED

I S or D

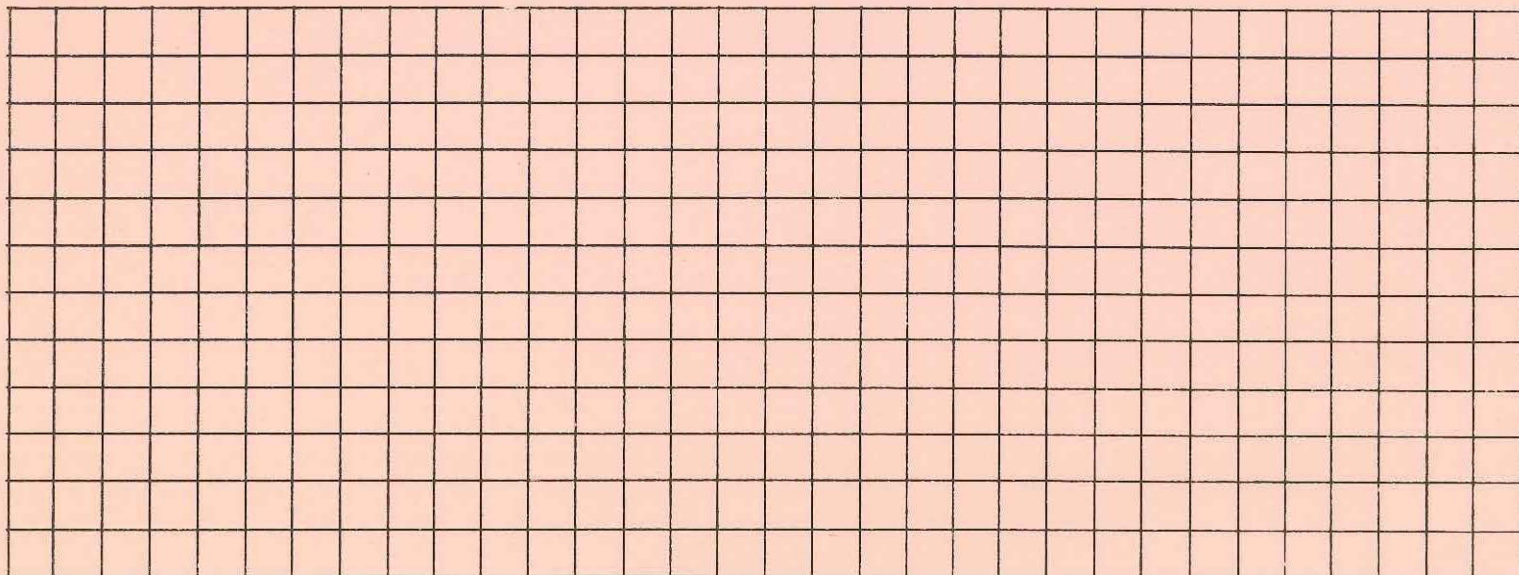
(62)

GENERAL REMARKS:

E.P.A. - D.L.P.C.
STATE OF ILLINOIS

INTERVIEW:

DIAGRAM:



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

Delete TSD 8-1-81 &

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION OF INSTALLATION

000230 AUG 22 1980

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

DOWELL SCHLUMBERGER, INC

F 1LD020047395 21

A

800818

I. NAME OF INSTALLATION

~~Dowell Div Dow Chemical Co USA~~

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O Box 160

CITY OR TOWN

Chicago Hts

ST.

ZIP CODE

IL 60411

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 East End Ave & Sauk Trail

CITY OR TOWN

Chicago Hts

ST.

ZIP CODE

IL 60411

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 Kimcaide D R District Manager

312-755-0400

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 The Dow Chemical Co

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

1LD020047395

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 19 1980

W	1	U	D	0	2	0	0	4	7	3	9	5	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 1 2 2 23 - 26	32 U 1 2 3 23 - 26	33 U 1 3 3 23 - 26	34 U 2 1 9 23 - 26	35 U 2 2 6 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

M. E. Rapp
Reg. Operations Mgr.

DATE SIGNED